```
PAYSON NURSING AND REHAB          PROVIDER #: 465129       FACILITY BEDS      TYPE ACTION: RECERTIFICATION
2192 WEST STATE ROAD                     PHONE NUMBER: (801) 465-9211    TOTAL: 40
PAYSON UT 84651             PARTICIPATION DATE: 03/26/1992  CERTIFIED: 40    TYPE OWNERSHIP: FOR PROFIT - CORPORATION
STATE'S REGION CODE: 001
```

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

```
RESIDENT CENSUS ON 07/10/2002          LTC ADMISSION/SUSPENSION DATES              TOTAL CERTIFIED BEDS:    40
---------------------------            ------------------------------              --------------------
          TOTAL:    30                 ADMISSION SUSPENDED:               18    18/19    19    ICF/MR
       MEDICARE:     4                 SUSPENSION RESCINDED:              --    -----    --    ------
       MEDICAID:    23                                                              40
          OTHER:     3
```

CURRENT SURVEY REVISIT DATES - NONE

```
PRIOR 3  S/S  PRIOR 2  S/S  PRIOR 1  S/S   CURRENT  S/S   PLAN/DATE
SURVEY   CODE SURVEY   CODE SURVEY   CODE  SURVEY   CODE  OF CORRECT           PROGRAM REQUIREMENTS
07/1999       04/2000       06/2001        07/10/2002
                              X     E                                  REQ  F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
                              X     E                                  REQ  F0287-RESIDENT ASSESSMENT AUTOMATED DATA PROCESSING
   X      E                                                            REQ  F0367-THERAPEUTIC DIET PRESCRIBED BY PHYSICIAN
   X      D                                                            REQ  F0441-FACILITY ESTABLISHES INFECTION CONTROL PROG
                                             X  P    B   07/15/2002    REQ  F0520-FACILITY MAINTAINS QA COMMITTEE
```

```
EDITION OF LSC APPLIED
85 EXIST 85 EXIST 85 EXIST 85 EXIST
PRIOR 3  PRIOR 2  PRIOR 1  CURRENT    PLAN/DATE
SURVEY   SURVEY   SURVEY   SURVEY     OF CORRECTION              LSC DEFICIENCIES - BLDG NO. 01
07/1999  04/2000  04/2001  07/16/2002
   X        X        X       X  N                                K0025-SMOKE PARTITION CONSTRUCTION
            X                                                    K0046-EMERGENCY LIGHTING
   X        X                                                    K0050-FIRE DRILLS
   X                                                             K0054-SMOKE DETECTOR MAINTENANCE
   X        X        X       X  N                                K0056-AUTOMATIC SPRINKLER SYSTEM
                             X  P       07/24/2002               K0062-SPRINKLER SYSTEM MAINTENANCE
   X        X        X       X  N                                K0104-PENETRATIONS OF SMOKE BARRIERS
            X                                                    K0130-OTHER
```

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	1	2	0	2
HEALTH TOTAL	1	2	0	2
LIFE SAFETY CODE	4	3	6	5
LIFE SAFETY CODE + HEALTH	5	5	6	7

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
04/12/2000	SUBSTANTIATED
06/05/2001	UNSUBSTANTIATED
11/20/2001	SUBSTANTIATED
12/12/2001	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

```
C=DATE OF CORRECTION    N=NO DATE GIVEN    P=PLAN OF CORRECTION    R=REFUSED TO CORRECT    W=WAIVED    F=FSES    X=DEFICIENT
COP = CONDITION    REQ = REQUIREMENT
```